

(2)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1981

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) David S. Hamall SA9973
(Name of Plaintiff) (Inmate Number)
Sussex Correctional Institution
P.O. Box 500
Georgetown VA 19947
(Complete Address with zip code)

05 - 527

(2) _____
(Name of Plaintiff) (Inmate Number)

(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

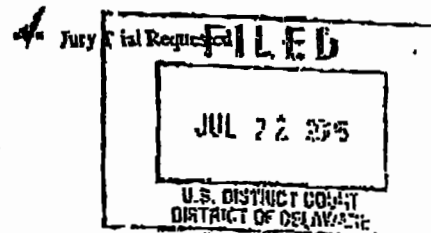
(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

CIVIL COMPLAINT

(1) Epl Anthony Meester
(2) Delaware State Police - Troop 7 Sussex County
(3) Millsboro Police Department
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)



L. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

EXHIBIT A

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution? •• Yes •• No N/A

B. Have you fully exhausted your available administrative remedies regarding each of your present claims? •• Yes •• No N/A

C. If your answer to "B" is Yes:

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer to "B" is No, explain why not: N/A

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Anthony Mendez

Employed as State Trooper at Troop 7

Mailing address with zip code: 1304 Highway One
Lewes, DE 19958

(2) Name of second defendant: State Police - Troop 7 of Delaware

Employed as _____ at _____

Mailing address with zip code: 1304 Highway One
Lewes, DE 19958

(3) Name of third defendant: Millsboro Police Dept.

Employed as _____ at _____

Mailing address with zip code: Millsboro DE, 19966

307 Main St Millsboro DE 19966

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

S. SCHMIDT

DEC - 2 2005

CLAIMS

05-527

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

D/L

1. 5-11-05 - I, David Scott Yarnall was struck twice on the head from a Maglite Flashlight, while handcuffed by State Trooper Anthony Mendez. This took place in a grassy lot next to Grotto's Pizza on Long Neck Rd in Millsboro DE 19966.
2. I was taken to Bee Medical Center in Lewes De. for a CAT scan and received 11 staples in my scalp.
3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I, David Scott Yarnall am seeking \$8.5 million dollars pain, suffering + damages

S. SCHMIDT

DEC - 2 2005

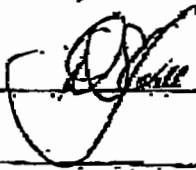
CLAIMS

2.

3.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of July 2005



(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

DAVID S. YARNALL,)
)
Plaintiff,)
)
v.) Civ. No. 05-527-SLR
)
CPL. ANTHONY MENDEZ, DELAWARE)
STATE POLICE - TROOP 7, and)
MILLSBORO POLICE DEPARTMENT,)
)
Defendants.)

AUTHORIZATION

I, David S. Yarnall, SBI, #548973, request and authorize the agency holding me in custody to disburse to the Clerk of the Court the initial partial filing fee of \$10.35 and the subsequent payments pursuant to 28 U.S.C. § 1915(b) and required by the Court's order dated August 8, 2005.

This authorization is furnished in connection with the filing of a civil action. And I understand that the filing fee for the complaint is \$250.00. I also understand that the entire filing fee may be deducted from my trust account regardless of the outcome of my civil action. This authorization shall apply to any other agency into whose custody I may be transferred.

Date: _____, 2005.

David S. Yarnall